Line	NAME OF	-	E	0
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## STATEMENT OF ORGANIZATION

APR 2 8 20 FOR PO RON THORNBU SECRETARY OF	LITICAL ACT		EES AND PARTY COM	MMITTEES
321		(See Reverse Side Fo		٦
	This is a (check one)	Party Committee	Political Action Committee	
	This is an (check one)	Initial Statement	✓ Amended Statement	
COMMITTEE		(PLEASE TYPE C	R PRINT)	
Name Kansa	s ChamberPAC			
	ss (Street, City, State, eka, Blvd., Topeka		Business Telephone ( 785 ) 357 632	
CHAIRPERSO	N			
Name S. Lew	is Ebert		Home Telephone	
	ss (Street, City, State, eka Blvd., Topeka,		Business Telephone ( 785 ) 357 632	
TREASURER				
Name Marlee	Carpenter		Home Telephone	
Mailing Addres	ss (Street, City, State, peka Blvd. Topeka,	Zip Code) KS 66612	Business Telephone ( 785 ) 357 632	
AFFILIATED (	OR CONNECTED O	RGANIZATIONS		
Name Kansas	Chamber of Comr	nerce		
	s (Street, City, State, eka Blvd., Topeka,			
If not connected o	r affiliated with an org	mization, identify the t	ade, profession, or primary interes	st of the contributors.
SIGNATURE:				
"I declare that th	is statement has been	examined by me and	to the best of my knowledge an	.d
belief is true, con	rrect and complete. I	understand that the in	tentional failure to file this docu	iment
or intentionally	filing a false documen	it is a class A misdem	eanor."	
4/27/0	4		that	
Governmental Et	hics Commission	(Signa	ture of Chairperson)	Rev.2000

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